



APPLICATION REQUEST FOR A GENERAL ACUTE CARE HOSPITAL



This letter is to assist you in preparing a general acute care hospital (GACH) licensing and/or certification (for Medi-Cal Title 19 and/or Medicare Title 18 reimbursement) application package to the California Department of Public Health (CDPH) Licensing and Certification (L&C) Program for:

- Initial application package for a GACH; or
- Change of ownership (CHOW) application package for a GACH.

A state license is required to operate a GACH in California, which is defined as:

GACH means “a hospital, licensed by the Department, having a duly constituted governing body with overall administrative and professional responsibility and an organized medical staff which provides 24-hour inpatient care, including the following basic services: medical, nursing, surgical, anesthesia, laboratory, radiology, pharmacy, and dietary services”, pursuant to Section 70005(a) of Title 22 of the California Code of Regulations (CCR).

A complete application package (as indicated on the checklist) is required for: (1) a new (initial) GACH facility; and (2) whenever a CHOW occurs. Pursuant to Section 70105 of Title 22, of the CCR, changes to the license, including a CHOW, must be submitted to the L&C District Office (DO). The DO will assist you on which forms on the checklist that must be submitted for the specific change to the license.

For your convenience, the [attached checklist](#) has instructions to complete the forms required for licensing and/or certification of GACH. The [checklist](#) provides specific item numbers that applicants typically have encountered problems with which may result in submission of incorrect or missing information. Please make sure that all item numbers in each form are completely filled out. For example: (1) the applicant's formal name must be consistently entered exactly the same throughout all the documents in the application package; or (2) in some instances, a specific attachment may need to be submitted with a specific form.

Please read each required application package form carefully and provide all requested supplemental documents. **DO NOT LEAVE ANY ITEMS BLANK. NOTE:** If a question does not apply, please respond with “Not Applicable” or “N.A.” **Do not make changes to these forms.** Do not use white out/correction fluid to make corrections. To correct an error, place a single line through the entry and enter the correct information. The individual responsible for making the correction must initial and date the correction. You should retain a photocopy of the completed documents for your files. We may need to contact you in the future and we will be referring to the information in the document you provided.



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In addition, a check or money order, made payable to the “**California Department of Public Health**” for the licensing fee, determined pursuant to Section 1266 of the Health and Safety Code, must accompany the required forms before your application is processed. The licensing fees change annually; therefore please check the current licensing fee for a GACH which is posted on the L&C Centralized Applications Unit (CAU) website at:

<http://www.cdph.ca.gov/pubsforms/forms/Pages/HealthFacilities.aspx>

The application fee will NOT be returned if the application package is withdrawn or denied, pursuant to Section 70111(d) of Title 22 of the CCR.

The application package review process will consider the licensee’s and board members’ prior compliance history of all facilities operated by those individuals in California and nationally. The applicant and associates must demonstrate substantial compliance with state and federal requirements for all facilities that they operate.

Failure to demonstrate substantial compliance historically may result in the denial of your application package. You will be notified in writing of the Department’s intent to deny the application.

All completed GACH **application packages must be submitted to the local L&C DO.** The DO will review the application package for completion. A list of DOs and appropriate contacts are located on the L&C website above.

Please NOTE the following:

1. There are some differences between documents required for a CHOW and “initial” application packages that are noted on the [checklist](#).
2. An initial survey is part of the application process for “initial” or “new” GACH applications.
3. The initial survey is a scheduled survey conducted by L&C district offices.
4. If your organization wishes to provide services to Medicare beneficiaries (under Title 18) and Medi-Cal beneficiaries (under Title 19), the hospital may seek certification status through one of the CMS’s approved accreditation organizations:
 - Joint Commission on Accreditation of Healthcare Organizations, 630-792-5000, (www.jointcommission.org),



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- American Osteopathic Association, 800-621-1773, (www.do-online.osteotech.org),
 - Det Norske Veritas Healthcare, Inc., 925-361-0235, (www.DNV.Corporate@dnv.com).
5. Once you have had your initial licensing survey, you must notify the L&C DO that the hospital is ready and prepared to have an initial certification survey, if a CMS Accreditation Agency is not conducting the certification review.
6. In addition, you must be in compliance with state licensing laws and federal laws and conditions of participation pertaining to healthcare facilities.

The district office will notify you when the application has been approved and will schedule an initial licensing survey. NOTE: YOU MUST BE READY FOR THE INITIAL LICENSING SURVEY UPON NOTIFICATION. It is L&C's policy that, except in unusual circumstances, only one inspection visit will be made. Failure of the hospital to be in substantial compliance, at the time of the visit, will result in the "denial" of the application package. Any further activity regarding your request, after such denial, will require a new application and license fee.

PLEASE NOTE: A license will not be issued until both the application is approved and, if required, a successful licensing survey is conducted.

If you have any questions, please contact your local district office administrator located on the L&C website listed above.

Sincerely,

ORIGINAL SIGNED BY:

Anna Ramirez, Chief
Field Operations Branch—Region IV



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Form Number	Item Number on Form	PROVIDER CHECKLIST for GENERAL ACUTE CARE HOSPITAL The following is a quick reference of <u>SOME</u> of the questions found on the required forms. It includes the form number, name of form, and an explanation of <u>SPECIFIC</u> requirements and/or attachments needed for specific forms. This is <u>NOT</u> an all-inclusive list of the questions that need to be answered so read the questions and instructions on each form.	Check List
LICENSURE GENERAL ACUTE CARE HOSPITAL Includes the forms and information to be "licensed"			
HS 200	Licensure & Certification Application (Title 22, Section 70107) NOTE: Please read the instructions on the HS 200 form prior to completion of the form. Also, pay close attention to the following items:		
	A.11.	Construction. For "initial" applications, SUBMIT the following: <ul style="list-style-type: none"> • Building permits • OSHPD Certificate of Occupancy • Zoning Approval from City or County • Architect Plan and Specifications – SUBMIT for new hospital or additions 	
	B.1.	Licensee's name. The licensee's formal organization name must be consistent throughout all documents.	
	B.2.	Nonprofit.	N/A
	B.3.	Owner type. SUBMIT an organization chart/flow chart if the owner is a profit or nonprofit corporation, limited liability company (LLC), or general partnership. The organization chart needs to display the following: <ul style="list-style-type: none"> • Applicant's owners/officers • All facilities the applicant is involved with • Management company of applicant, if applicable, and all of their facilities • Parent company of applicant, if applicable, and all of their facilities – see B.6. 	
	B.5.a.	Licensee's "other" Facility Involvement. Answer all aspects of the question.	
	B.5.b.	Revocation, suspension, etc. action. If applicable to the applicant, SUBMIT the information requested.	
	B.6.	Subsidiary information. If there is a "subsidiary" (parent company) SUBMIT : <ul style="list-style-type: none"> • An organization chart with the parent company name and tax ID number • A listing of all owners/officers of the parent company • A listing of all facilities the parent company is involved with 	



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	C.1.a.	Management Company (H&S Code, Section 1265). If the facility is operated under a Management Agreement between the licensee and a management company, complete and SUBMIT ATTACHMENT E-1 (Management Company Information) along with a copy of the Management Agreement.	See Attach E-1 below
	C.1.b.	“Interim” Management Company Agreement. <ul style="list-style-type: none"> • If there is an “interim” Management Company Agreement, between the current and the prospective licensee, SUBMIT a signed and dated copy of any Agreement. • The Agreement must state the current licensee still has responsibility for the hospital. The interim management company agreement is also addressed under “Change of Ownership” (CHOW) requirements on page 7 of these instructions.	Also see CHOW on page 8 of this letter
	C.2.	Name of “proposed” and “current” facility. Enter both facility names if this is a CHOW.	
	C.6.a.	Administrator. SUBMIT the HS 215A form for the Administrator of the hospital.	
	C.7.	Ownership. <ul style="list-style-type: none"> • List all persons having 5% or more ownership, unless “nonprofit”. • SUBMIT the HS 215A form for each of these persons. 	
	C.8.	Financial resources. This question <u>only</u> applies to skilled nursing facilities and intermediate care facilities, per the HS 200 form instructions.	N/A
	C.9. & C.10.	Over-concentration and Program Plan. These questions are “N/A” for GACHs.	N/A
	D.1. & 2.	Property ownership. SUBMIT a copy of the Grant Deed, Bill of Sale, Lease, Sublease, or Rental Agreement between the owner of the property and the proposed licensee.	
	F.1.	Signature. “Original” signature is required and MUST be signed by the LICENSEE (not the Administrator).	



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	Attach E-1	Management Company Information (H&S Code, Section 1265). If the facility is operated under a Management Agreement between the licensee and a management company, complete and SUBMIT ATTACHMENT E-1 (Management Company Information) along with a copy of the Management Agreement.	
HS 215A	Applicant Individual Information (Title 22, Section 70107) NOTE: Please read the instructions on the HS 215A form prior to completion of the form. This form must be completed for the following persons with ORIGINAL signatures:		
		<ul style="list-style-type: none"> • Administrator of the facility • Board members, directors, partners, and corporate officers of the applicant organization, parent organization, and management company • Each person having a beneficial interest of 10% or more in the applicant organization, parent organization, and management company • LLC managers and members • Partners 	
	Signature	Signature. Original "signature" is required.	
	Facility Information Sheet	Facility Information Sheet. Each individual must complete and SUBMIT the "Facility Information Sheet" for each facility with which they have a <u>current</u> or <u>past</u> relationship (going back 3 years). The following <u>MUST</u> be completed for each facility: <ul style="list-style-type: none"> • Facility name • Address of facility • Type of facility • Type of business entity • Person's <u>nature</u> of involvement • Person's dates of involvement <p>This sheet must also include any facilities licensed by the California Department of Social Services.</p>	
CDPH 241 thru 267	Applications of Various Supplemental Services (Title 22, Sections 70301 and 70351)		



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CDPH 268		Application for Supplemental Services Approval (Title 22, Section 70305)	
HS 309 1 st page		Administrative Organization	
	2.	Administrator of Corporation or LLC – This is usually the CEO/President.	
	3. thru 7.	Corporations need to SUBMIT : <ul style="list-style-type: none"> • A copy of the Filing Statement from Secretary of State • Copy of all Articles of Incorporation • Copy of By-Laws 	
	9.	Governing Board of Directors. SUBMIT the HS 215A form for every person listed under this item.	
	10.	Board Officers. SUBMIT the HS 215A form for every person listed under this item.	
HS 309 2 nd page		Organizational Structure	
	1.	California Out-of-State Corporations, LLC, etc. SUBMIT a copy of the Certificate of Qualification from the California Secretary of State.	
	3. thru 4.	Public Agency. SUBMIT a copy of the Resolution.	
	5.	Item 5. Corporations and Partnerships need to complete Item 5	
	Bottom of page	Partnerships need to SUBMIT : <ul style="list-style-type: none"> • A copy of the Partnership Agreement • Copy of the California Secretary of State filing 	
	Bottom of page	Limited Liability Companies (LLC) will need to SUBMIT : <ul style="list-style-type: none"> • Copy of Filing Statement from the Secretary of State • Copy of Articles of Organization • Copy of Operating Agreement • List of Members / Holders / Officers / Managers 	
HS 400		Affidavit Regarding Patient Money (Title 22, Section 70137)	
		Be sure to mark either A or B box. If B is checked, enter the amount of money to be handled and submit the bond required on form HS 402.	
HS 402		Surety Bond Verification (Title 22, Section 70137)	



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		<ul style="list-style-type: none">• Be sure the HS 402 form is a California Department of Public Health form• Is signed by the Bonding agency• Possesses the embossed seal of the Bonding Agency• Contains the original signature of the Bonding Agency• SUBMIT an “original” bond or an “embossed” Power of Attorney		
HS 609	Bed or Service Request			
	Top of page	Under “Requested Beds” category, the “Approved Capacity” should be left blank.		
	Bottom of page	Check the types of beds on this portion of the form.		
CDPH 709	Client Accommodation Analysis			
DHCS 1051	Civil Rights Compliance Review			
		Send directly to Office of Civil Rights – address is on last page of the form.		
STD 850	Fire Safety Inspection Request – “initial” applications only (Title 22, Section 70745)			
None	Architect Plan and Specifications (new hospitals or additions) (Title 22, Section 70109)			
None	Building Permits (Title 22, Section 70115)			
None	Copy of Any Agreements for Contracted Services			
None	OSHPD Certificate of Occupancy - “initial” applications only			
None	Pharmacy License/ Other Permits and Licenses Required – contact District Office for guidance on obtaining various government agency required permits or licenses.			
None	Zoning Approval from City or County - “initial” applications only (Title 22, Section 70115)			
None	Change of Ownership			



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		<ul style="list-style-type: none"> • SUBMIT all of the forms required for an "initial" application, listed above, plus the following: • Signed and dated copy of any "interim" Management Agreement. Refer to the HS 200 form, Item C.1.b. • Written verification (with amount) by a public accountant, accounting for all patient monies being transferred to the custody of the new licensee. [Title 22, Section 70755 (g)] • Copy of receipt (with amount) signed by the new licensee in exchange for such monies. • A letter from the prospective licensee to CDPH stating where the stored patient medical records will be maintained, and that the records will be made available to the previous licensee. [Title 22, Section 70751 (e)] 	
CERTIFICATION GENERAL ACUTE CARE HOSPITAL Includes the forms and information to be "certified" with Medi-Cal and/or Medicare			
HS 328	Notice – Effective Date of Provider Agreement		
DHCS 9098	Medi-Cal Provider Agreement		
		Do not leave any questions blank. Enter N.A if not applicable. Signature page (page 9) must be notarized.	
CMS 855A	Medicare General Enrollment Health Care Provider/Supplier Application		
		<ul style="list-style-type: none"> • This form is available from the Federal Department of Health and Human Services. • The completed forms should be mailed directly to the appropriate Fiscal Intermediary. 	
CMS 1561	Health Insurance Benefit Agreement		
		<ul style="list-style-type: none"> • SUBMIT two (2) signed copies with "original" signatures. • Initial Application: Sign the top signature block entitled "Accepted for the Provider of Services By." • Change of Ownership: Sign the bottom signature block entitled "Accepted For The Successor Provider of Services By." 	
HHS 690	Assurance of Compliance – Submit 2 copies plus:		



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		<ul style="list-style-type: none"> • Civil Rights Information Request for Medicare Certification "Complete" and "sign" form (original signature). • SUBMIT required items for the items checked on the Civil Rights Information Request (above) 	